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<b>Effective on 12/08/2004.</b> <b>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</b>		<b>Complete If Known</b>	
<b>Fee TRANSMITTAL</b> <b>For FY 2009</b>		Application Number	10/580,651-Conf. #6789
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	November 29, 2006
		First Named Inventor	Heno PERILLO
		Examiner Name	M. R. Finn
		Art Unit	1614
TOTAL AMOUNT OF PAYMENT (\$)		1,110.00	
		Attorney Docket No.	
4705-0120PUS1			

**METHOD OF PAYMENT** (check all that apply)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify):
<input checked="" type="checkbox"/> Deposit Account		Deposit Account Number: 02-2448		Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	
<input checked="" type="checkbox"/> Credit any overpayments	

**FEES CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Small Entity Fee (\$)	Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)		
Utility	330	165	540	270	220	110		
Design	220	110	100	50	140	70		
Plant	220	110	330	165	170	85		
Reissue	330	165	540	270	650	325		
Provisional	220	110	0	0	0	0		

**2. EXCESS CLAIM FEES**

Fee Description	Small Entity Fee (\$)	Fees Paid (\$)
Each claim over 20 (including Reissues)	52	26
Each independent claim over 3 (including Reissues)	220	110
Multiple dependent claims	390	195

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims
13	- 20 or HP	0 x 52.00	= 0.00	Fee (\$)
HP = highest number of total claims paid for, if greater than 20.				Fee Paid (\$)

  

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	
3	- 3 or HP	0 x 220.00	= 0.00	

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(C) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fees Paid (\$)
	- 100 =	/50 =	(round up to a whole number) x	=

4. OTHER FEE(S)	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge): 1253 Extension for response within third month	1,110.00

**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	36,623	Telephone	(858) 792-8855
Name (Print/Type)	Mark J. Nuell, Ph.D.			Date	June 11, 2010